

BLAKELY SOKOLOFF TAYLOR & ZAFMAN

A LIMITED LIABILITY PARTNERSHIP INCLUDING LAW CORPORATIONS

TELEPHONE (408) 720-8300

INTELLECTUAL PROPERTY LAW

OTHER OFFICES

FACSIMILE (408) 720-8383

SILICON VALLEY

LOS ANGELES, CA

WWW.BSTZ.COM

1279 OAKMEAD PARKWAY
SUNNYVALE, CALIFORNIA 94085-4040COSTA MESA / ORANGE COUNTY, CA
PORTLAND / BEAVERTON, OR
SEATTLE, WA
DENVER, CO

FACSIMILE TRANSMITTAL SHEET

**RECEIVED
CENTRAL FAX CENTER****JUL 28 2006**

Deliver to: _____ Examiner: Lashonda T. Jacobs Art Unit: 2157
Firm Name: _____ U.S. Patent & Trademark Office
Fax Number: _____ 571-273-8300
From: _____ Michael J. Mallie Operator: Christopher Burnharte
Date: _____ July 28, 2006
App. No.: _____ 09/745,594
No. of pages: _____ 20 (including cover sheet)
Client/Matter: _____ 42.P9886 Docket Date: July 28, 2006 Atty: JDS

Dear Examiner:

Please find the following document(s) attached:

- 1) Fee Transmittal in duplicate (2 pages)
- 2) Amendment (17 pages)

Thank you.

CERTIFICATE OF TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.	
By: <u>Christopher Burnharte</u>	Date: <u>July 28, 2006</u>

CONFIDENTIALITY NOTE

The documents accompanying this facsimile transmission contain information from the law firm of Blakely Sokoloff Taylor & Zafman that is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

**IF YOU EXPERIENCE ANY DIFFICULTY IN RECEIVING THE ABOVE PAGES,
PLEASE CALL (408) 720-8300 AND ASK FOR THE OPERATOR NAMED ABOVE.**

PTO/SB/17 (01-06)
Approved for use through 07/31/2006, OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 450.00)

Complete if Known

Application Number	09/745,594
Filing Date	December 22, 2000
First Named Inventor	Robert Adams
Examiner Name	Lashonda T. Jacobs
Art Unit	2157
Attorney Docket No.	10559-341001/42P9886

RECEIVED
CENTRAL FAX CENTER

JUL 28 2006

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

1) Extension for response within second month (Fee Code 1252) **Fees Paid (\$)**

450.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 56,833	Telephone 408-720-8300
Name (Print/Type)	Tanya Rossin		Date July 28, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

09/745,594
Docket No.: P9886

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

JUL 28 2006

In re Patent Application of:

Robert Adams et al.

Application No.: 09/745,594

Docket No.: 10559-341001 / P9886

Filed: Dec. 22, 2000

Examiner: Lashonda T. Jacobs

Art Unit: 2157

VIA FAX (571) 273-8300

For: SYSTEM AND METHOD FOR DATABASE
ACCESS AND MANAGEMENT

REQUEST FOR RECONSIDERATION AND
PETITION FOR A TWO (2) MONTH EXTENSION OF TIME

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In accordance with 37 C.F.R. § 1.136(a), Applicant for the above-identified application respectfully petitions the Commissioner for a two (2) month extension of time, extending the period for response to Jul. 28, 2006, from the Office Action dated Feb. 28, 2006. Please charge the petition filing fee of \$450.00 to Deposit Account No. 02-2666.

If it should be determined that a longer extension of time is required to prevent this application from being abandoned, please charge any additional fees to Deposit Account No. 02-2666. A copy of the Fee Transmittal is enclosed for deposit account charging purposes.

In response to the Office Action mailed on Feb. 28, 2006, please reconsider the pending claims based on the following amendment.

07/31/2006 MBINAS 00000060 022666 09745594
01 FC:1252 450.00 DA